U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Britania Rivervitanti funtano antonio

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Gerald P O'Malley	Name Intl Union of Bricklayers & Allied Craftworker		
	Labor Organization File Number 000-034		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 600		
Street 1776 Eye Street, NW	Street 1776 Eye Street, NW.		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006		
5. Position in labor organization. Executive Vice-President			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any:			
Trade Name, if any:			
	7.b. Amount,		
Trade Name, if any:	7,b. Amount,		
P.O. Box, Bldg., Room No., if any	7.b. Amount,		
P.O. Box, Bldg., Room No., if any Street	7.b. Amount,		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Telephone Number

Date

Name of Person Filing Gerald O'Malley	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name International Masonry Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 42 East Street City Annapolis State Maryland ZIP Code + 4 21401	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data procesing, human resources, meeting planning, etc			
Street				
City	11.b. Approximate dollar value of such dealing. \$3,834,679 12.a. Nature of interest held or income received.			
State ZIP Code + 4	Business expense reimbursement for lodging and meals for annual meeting Nov. '04; business expense reimbursement for parking, meals, phone & miscellaneous expenses at Winter Cluster Meeting Feb '04			
	12.b. Amount. \$1,449			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Gerald O'Malley	File	Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Trowel Trades Pension Fund		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1776 Eye St, NW, Suite 700	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	point of the like the backet was a set of square processor of the set of section of the section
Name	Contributions are made to IPF purs collective bargaining agreements n Union and its affiliates. IPF con	egotiated by the
Trade Name, if any:	services from the Union such as ac collection, data procesing, human	counting,
P.O. Box, Bldg., Room No., if any	meeting planning, etc	
Street		
City		Michael (Colonia) (Colonia) (Lastino) (Lastino
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,090,813
	12.a. Nature of interest held or income received.	
	Business expense reimbursement for Feb '04; parking, meals, phone, eq Cluster Mtg Feb '04; lodging & mea Cluster Mtg May '04; lodging & mea Trustees Meeting Nov '04. Attende '04;	uip., Winter ils, Spring ils, Board of
	12.b. Amount.	\$919

Name of Person Filing	Gerald O'Malley	File Number U-
Name of Ferson Filling	Geraid O'Mailey	I lie Halliber G

	7	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Health Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1776 Eye St., NW, Suite 600	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Contributions are made to IHF purs collective bargaining agreements n Union and its affiliates. IHF con	negotiated by the
Trade Name, if any:	services from the Union such as accollection, data processing, human	
P.O. Box, Bldg., Room No., if any	meeting planning, etc	
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$816,948
	12.a. Nature of interest held or income received.	
	Business Expense Reimbursement for phone and equipment for Winter Clu '04; lodging, & miscel. expenses a Trustees meeting Nov. '04	ster Meeting Feb
	12.b. Amount.	\$512

Name of Person Filing Gerald O'Malley	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local Officers and Employees Pension Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1776 Eye St, NW, Suite 700	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LOEPF contracts for services from the Union such as accounting, data processing, human resources, meeting planning, etc
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City [
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$97,422
	12.a. Nature of interest held or income received.
	Business Expense Reimbursement for parking, meals, phone and equipment for Winter Cluster Meeting Feb '04
	12.b. Amount. \$86

Name of Person Filing Gerald O'Malley	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Refractory Joint Industry Comm	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	D. Hust	
Street 1776 Eye St., NW., Suite 600	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Contributions are made to the JIC collective bargaining agreements r Union.	pursuant to egotiated by the
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		Survive enterprise de construcción de construc
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$80,838
	12.a. Nature of interest held or income received.	nadd 190 a de Mallana ag garllan ag ar ag dha ann an ann air a' an ach ann an ann an an an an an an an an an a
	Business Expense Reimbursement for phone and equipment for Winter Clu '04	parking, meals, ster Meeting Feb
	12.b. Amount.	\$86

Name of Person Filing Gerald O'Malley File N	Number U-
--	-----------

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Marco Constulting Group/Jack Marco	a Lobor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 550 West Washington Blvd	c. Employer	
City Chicago:		
State Illinois ZIP Code + 4 60661		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Trowel Trades Pension Fund	Investment Consultant	
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any Suite 700		
Street 1776 Eye Street, NW		
City Washington		And the second in the last Trick consisting reaching to proceed the second consistence and consequences of consistence and analysis of the second consistence and analysis of the second constitution of the second consistence and analysis of the second consistency and analysis of the second c
State Georgia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$90,000
	12.a. Nature of interest held or income received.	
	Business dinner following Trustees February 2004	meeting in
	12.b. Amount.	approx. \$75

Name of Person Filing Gerald O'Malle	Name of	Person	Filina	Gerald	∩'Malla
--------------------------------------	---------	--------	--------	--------	---------

File Number U-

Part B Continuation Page

	C Pro-incon dealerwith	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Weiss, Peck & Greer/ Bill Supple, M'ing Dir	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	∑ b. Trust	
Street 28 State Street	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02109		1
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name International Trowel Trades Pension Fund	Investment Manager	
Trade Name, if any:		Control Contro
P.O. Box, Bldg., Room No., if any Suite 700		Acceptance
Street 1776 Eye Street, NW		
City Washington		
State District of Columbia ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.	\$127,304
	12.a. Nature of interest held or income received.	til DA DO
	My spouse and I had dinner with Bi others 2/20/04.	11 Supple and
	12.b. Amount.	\$220

Name of Person Filing	Gerald O'Malley	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Riviera Hotel	S a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1600 N. Indian Canyon Dr.	c. Employer	
City Palm Springs		
State California ZIP Code + 4 92262		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Hotel guest (along with others) du January 2004.	ring meeting in
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	The representation of Annahol Conference (Annahol Conference (Anna	and COL COMPANDED IN COMPANDED
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	unkum
	12.a. Nature of interest held or income received.	
	There was a hospitlity basket in m assumed was standard in the room i staying. However, I am reporting abundance of caution.	n which I was
	12.b. Amount.	\$30

Name of Person Filing Gerald O'Malley	File Number U-
---------------------------------------	----------------

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	o. Dusiness deals with	
Name Mosaic/Andrew Bradley	a. Labor Organization	
Trade Name, if any:	X a. Labor Organization	
The description of the control of th	b. Trust	
P.O. Box, Bldg., Room No., if any	learned	
Street 4801 Viewpoint Place	c. Employer	
City Cheverly		
State Maryland ZIP Code + 4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Commercial printing services	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
Experience of the control of the con		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$66,102
	12.a. Nature of interest held or income received.	#1.561.94####################################
	Business dinner 1/17/04; attended 4/4/04.	sporting event
	12.b. Amount.	\$74